

### **Healthy Coconino 2012**

**Healthy Coconino 2012** is the strategic plan for the Coconino County Health Department for the five year period from 2007 through 2012. The plan was adopted by the Coconino County Board of Health in April 2007, and by the Board of Supervisors the following May.

Development of this strategic plan was based primarily on the National Association of City and County Health Officers' planning model for local public health departments. MAPP (Mobilizing for Action through Planning and Partnerships), which focuses on strengthening the entire public health system, was adapted to generate insight for intelligently articulating the Coconino County Health Department's vision and plans for the coming years. The process involved the following assessment and visioning steps, to ensure that the Health Department's programs and activities are clearly informed by demonstrated needs, individual community assets and issues, changing local and world-wide trends, public perceptions, existing and potential resources, the interests of public health system partners, the unique cultural and geographic diversity of our expansive county, nationally recognized performance standards, and the priorities of Coconino County's governing body.

Community Health Assessment for Coconino County. During 2003-2004 a telephone and face-to-face survey was led by the United Way of Northern Arizona, with additional funding from Flagstaff Medical Center and the Coconino County Health Department. Combining public perceptions with empirical data, this report identified key issues that affect the individual health status of residents in the major population areas of Coconino County. The report was created as a tool for facilitating civic action around shared goals of self-sufficiency, better health, access to healthcare, and healthy and vibrant communities.

Summary Report of Health Status and Health Services Needs Assessments: What We Know and Don't Know about the Health Status of Coconino County Residents (July 2005). A review of all of the known needs assessments and relevant

studies that had been conducted in recent years, to identify critical gaps in core information. Included in the synthesis of information were the results of the Indian Health Service's **2005 Navajo Community Health Status Assessment**, which provided important complementary data regarding a significant population that resides or receives services in Coconino County.

**Health System Assessment.** In **October 2005**, two hundred representatives of the broadly defined public health system came together for a day of assessing the successes and deficiencies of the local public health system. Symposiums were held in both the northern and southern regions of the county. The <u>National Public Health Performance Standards</u> measurement tool was employed to measure compliance with the standards established for each of <u>ten Essential Public Health Services</u>.

The **Forces of Change** that should be considered in planning for the future were examined in **March and April of 2006**. Eleven focus groups in eight different population centers discussed community change, and the impact that change will have on the health and quality of life of our county's residents over the next five to ten years. These discussions brought to light each community's encompassing issues such as economic fluctuations, population growth, technology, politics and the environment.

To capture a graphic sense of the diverse and unique assets of the various communities within Coconino County, residents were invited to take photographs that exemplify the things that enhance their quality of life. This **Photo-Voice Project** generated beautiful collages of people, places and events in seven Coconino County towns and communities.

In **June of 2006** a **Community Health Survey** was mailed to 4,000 randomly selected households across Coconino County, to draw input from residents regarding their health and health care, quality of life, and community assets. Sample sizes were adjusted for smaller communities, to increase reliable representation of those populations and to accurately capture a sense of each community's <u>Themes and Strengths</u>. The four-page questionnaire asked respondents to express views on the importance and effects of various issues on the quality of life and the health of the people in their community. Overall, approximately 12% of the recipients of the questionnaire responded.

In **September 2006** the highlights of these various studies were presented to a group of 40 **Key Stakeholders**, including leading public health system partners, County and community elected officials and managers, and Health Department managers. With consideration of the **Vision Statement** articulated early in the planning process, and the voluminous insights into the health of Coconino County's residents and communities, five <u>Strategic Issues and Directions</u> emerged. Health Department staff workgroups were then assigned, to suggest <u>Measurable Objectives</u> and <u>Action Steps</u> addressing the five Strategic Issues. Refinements to the plan were then made by the Health Department's Senior Managers.

Summary reports of each assessment are available at <a href="http://www.coconino.az.gov/Health/StrategicPlanning">http://www.coconino.az.gov/Health/StrategicPlanning</a>.



### Our mission is to provide services that:

- · Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Promote and encourage healthy behaviors
- Assure accessibility of health services

#### Our Vision:

- The Coconino County Health Department will be recognized as a state-of-the-art public health agency by creatively providing excellent services and useful information
- All Coconino County Health Department employees are valued for making a positive difference in our communities



### Strategic Planning 2006

#### A Vision of Our Future

**PLAN.** In the next three to five years we envision a Coconino County Health Department where our strategic plan is dynamic and expedient.

In this vision....

- Our responsibilities and intentions in all areas of our county are clearly defined.
- Our programs are consistently informed by both our communities' and our citizens' demonstrated needs.
- Our programs are designed to serve all regions of the county with equity.
- Our activities address the ten nationally established Essential Public Health Services.

**STANDARDS.** In the next three to five years we envision a Coconino County Health Department where our practices aim to meet the highest public health performance standards.

In this vision....

- ♦ We base our program planning on valid baseline information about the health and needs of our population.
- We scientifically measure and achieve positive outcomes related to our initiatives and our collaborative efforts.
- We maintain a high level of respect and trust among our county-wide community.
- We maintain a reputation for quality, professionalism, and positive community impact among the state and national public health community.

#### CCHD: A Vision of our Future, continued

**LEADERSHIP.** In the next three to five years we envision a Coconino County Health Department that plays an active leadership role within the local public health system.

In this vision....

- ♦ We confidently take an appropriate lead when public health emergencies occur.
- We identify and respond to needs for leadership in collaborative initiatives addressing ongoing and emerging public health issues.
- We maintain a high level of public visibility, integrity and trustworthiness.
- ♦ We increase our visibility as a leading force in services that enhance the quality of health and life for all individuals, not just those services that provide a safety net for underserved populations.
- ♦ We actively collaborate with tribal, adjacent and state-wide constituencies to enhance continuity of public health programs and services in Northern Arizona.
- ♦ We actively support increased collaboration and structure within our county's multi-agency public health system.

**FINANCIAL STABILITY**. In the next three to five years we envision a Coconino County Health Department where our financial future is stable and planned.

In this vision....

- ♦ Our program planning is driven primarily by demonstrated local needs and our local vision.
- ♦ We receive sufficient local unrestricted funds to fully realize our vision, without diversion by dependence on restricted grant opportunities.
- Federal and State funds more substantially support initiatives that address our demonstrated local needs and vision.
- ♦ We have a sound financial plan that allows us to accomplish our strategic plan, as well as to handle unforeseen changes and demands.

**WORK CLIMATE.** In the next three to five years we envision a Coconino County Health Department where our organization functions with a productive, satisfying, and professional work climate.

In this vision....

Our employees are celebrated and recognized for their contributions to the effectiveness of our agency and the public health of our county.

#### CCHD: A Vision of our Future, continued

- Our staff clearly understand the context of their work within the public health professional arena.
- We attract and retain highly-qualified and high-performing staff.
- ◆ Our work environment is one where employees are empowered to enhance the quality of our services and influence the future of the agency.
- Our internal units work together to create department-wide efficiency and synergy, lead by a shared vision of our agency's goals.
- Our agency has a reputation of being a great place to work.

# **HEALTHY COCONINO 2012:** Five-year Strategic Plan

STRATEGIC ISSUE I: QUALITY SERVICE PLANNING AND PROVISION

STRATEGIC ISSUE II: SERVICES IN COMMUNITIES OUTSIDE OF FLAGSTAFF

STRATEGIC ISSUE III: CCHD WORKFORCE NEEDS

STRATEGIC ISSUE IV: CCHD FUNDING NEEDS

STRATEGIC ISSUE V: COMMUNICATION AND COLLABORATION WITHIN THE PUBLIC HEALTH SYSTEM

#### STRATEGIC ISSUE I: QUALITY SERVICE PLANNING AND PROVISION

STRATEGIC DIRECTION. CCHD will, with involvement of staff at all levels, plan and provide quality services that...

- are based on valid baseline information about the health needs of Coconino County
- achieve scientifically measured positive outcomes
- serve all regions of the county that are consistently informed by demonstrated needs

GOAL. To optimize the health and wellness of the people of Coconino County through CCHD programs and services that are based on demonstrated needs, apply evidence-based practices, and generate proven positive outcomes.

#### **OUTCOME OBJECTIVES:**

- 1. By 2012, all programs will be formulated based on demonstrated needs of the target population within Coconino County.
- 2. By 2012, all programs will include a credible evaluation component that is implemented at scheduled intervals and applied to improve the impact and outcomes of the program.
- 3. By 2012, CCHD will have programs in place that address each of the priority personal and population based health issues identified by the Health Department Management and the Coconino County Board of Health.

	<b>Process Objective I-1.</b> Systematically collect and analyze public health data regarding all areas of Coconino County, using nationally recognized core indicators and data standards, for planning purposes.								
	<ul> <li>Collect county-wide incidence data &amp; track trends based on core indicators for HIV &amp; Communicable Disease</li> </ul>								
	Epidemiologist collects and analyzes infectious disease reports and trends.								
Existing	Track Environmental Services complaints, inspections, actions in custom database (CocoPAL)								
Ongoing Activities	<ul> <li>Maternal and Child Health Programs collect behavior and services information related to prenatal care, breastfeeding and other MCH indicators, as well as infant morbidity and mortality rates.</li> </ul>								
	<ul> <li>Demographic data and at-risk indicators (failure to thrive, height and weight) are collected and analyzed for all WIC clients</li> </ul>								
	Healthy Families data captures parent stress levels, immunization status, child development, etc.								

NEW OR EXPANDED INITIATIVES						
	Time Frame		FTE's	Who	New?	
STRATEGY I-1-A. CCHD will create and manage a centralized depository of surveillance data and indicators of individual and community health status and health risk throughout Coconino County and within its various regions and communities.						
Create and fill a Data Management Specialist Position	FY2008	Q2	1	Data Management Specialist	Yes	
2. Identify the needed data system requirements based on redesigned business processes	FY2009			u		
3. Select or create an integrated data management system that is compatible with existing program data collection and reporting systems	FY2010	Q2	.5	u		
4. Identify who collects primary data (within CCHD) and secondary data (other agencies data)	"	Q2	.5	и		
5. Provide training to staff on how to collect and analyze data	"	Q,3	1	u		
6. Create a medium to make data available to CCHD employees, Public Health Partner organizations, and the community at large	"	Q4	1	и		
7. Create and fill an Information Technology Specialist Position to support and expand CCHD's information and communication technology	FY2009	Q1	1	IT Specialist A	Yes	
8. Upgrade CCHD's data technology and maintenance to comply with the national Public Health Information Network's standards	66	Q1-4		и		
9. Add an additional IT Specialist Position to meet Public Health Information Network compliance and management of CCHD integrated data base	FY2010	Q1	1	IT Specialist B	Yes	
10. Create and fill an Epidemiologist Position	FY2010	Q1	1	Epidem- iologist	Yes	
11. Conduct ongoing surveillance of community and individual health status throughout Coconino County	FY2010 -FY2012			и		

Strategy I-1-B. CCHD will create current community health profiles for the primary population clusters in Coconino						
County.						
Create and fill a Planning Specialist position	FY2008	Q1	1	Planning Specialist	Yes	
2. Identify existing sources of the core indicator data typically included in community health profiles	FY2008	Q1	.25	"		
3. Review existing guidelines for collecting and identifying relevant and meaningful primary and secondary data	66	Q1	.25	"		
4. Each year, create at least one community health profile and for	FY2008		.25			
one of Coconino County's communities	FY2009		.25			
	FY2010		.25	"		
	FY2011		.25			
	FY2012		.25			

Process Obje	ective I-2. Implement improvements in CCHD services based on evidence based knowledge
	Clinical Services utilizes current standards of care with nationally recognized efficacy and quality
	WIC Program introducing new standards-based practices (Value Enhanced Nutrition Assessment and Participant Centered Education)
	<ul> <li>Folic Acid Education, Healthy Families and Injury Prevention Programs are currently based on nationally established best practices</li> </ul>
	Injury Prevention Program is currently expanding its impact evaluation component
Existing Ongoing	<ul> <li>Nutrition Education staff collaborate with Flagstaff and Page Unified Schools Districts, respectively, to develop nutritious food choices for food service providers and vending machines</li> </ul>
Activities	<ul> <li>Emergency Preparedness program received national recognition for excellence in 2006, and will continue efforts to maintain compliance with national standards as they change.</li> </ul>
	<ul> <li>Environmental Services programs' impact and outcomes are currently tracked and applied to improving services</li> </ul>
	<ul> <li>Client satisfaction surveys inform improvements in Healthy Families (quarterly); Childbirth Education (monthly); Immunization and Reproductive Health Clinics (annually); HIV Case Management (annually); Other HEP programs (periodically)</li> </ul>

NEW OR EXPANDED INITIATIVES						
	Time Line		FTE's	Who	New?	
Strategy I-2-A. Conduct outcome and impact evaluations of all CCHD programs and services on a systematic basis.						
Use business process analysis to identify process weaknesses for correction	FY2008			Common Ground Prog Mgr		
2. Review and revise all program strategies at least annually, based on empirical data from program evaluations	FY2008 FY2012	Rotating	.1 per Prog Coord	Program Managers		
3. Prepare and publicly distribute an annual CCHD programs impact report	FY2009 FY2012	Q1	.25	Planning Specialist		
4. Establish a Quality Assurance resource or position to assist all CCHD programs with evaluation planning	FY2010	Q1	.5	Evaluation Specialist	Yes	
5. Adopt a universal, flexible, user-friendly evaluation instrument that can be used by all CCHD programs for a broad range of evaluation types, such as survey development, data entry and analysis, qualitative data collection and entry	и	Q3		ш		
6. Provide training for staff on various elements of program planning with measurable outcomes, core evaluation elements, cultural considerations in program evaluation, etc.	"	Q4		ű		
STRATEGY I-2-B. Redesign all CCHD business processes as needed to improve efficiency and effectiveness.						
Obtain a RWJ Common Ground grant to support this project	FY2007	Com- pleted				
2. Establish a Program Manager position to plan and lead the project	FY2007	Com- pleted		Common Ground Program Manager	Yes	

3. Train staff in business process analysis as a way to systematically assess work flows associated with chronic disease prevention	FY2007 FY2008	Q4 Q1,2	u		
Conduct business process analysis in selected areas	FY2007 FY2008	Q4 Q1,2	66		
5. Conduct business process redesign in selected areas	FY2008 FY2009	Q3,4 Q1	ш		
6. Establish a set of requirements definitions that will determine the information system required to support business process redesign	FY2009	Q2	Data Management Specialist		
7. Pursue other resources for project continuation	FY2009	Q2	CG Prog Mgr		
8. Implement an electronic medical records system in accordance with Arizona Governor's recommendations	FY2012 or sooner		Data Mgt Specialist		

#### Process Objective I-3. Implement interventions to address CCHD's priority community health issues.

Existing
Ongoing
<b>Activities</b>

• All existing intervention initiatives address community health issues that have been prioritized based on local incidence data (i.e. motor vehicle fatalities, toddler oral health status, HIV and teen pregnancy rates), or state or national indicators (public health emergency risks, child abuse, childhood obesity, etc.)

	Time Line		Time Line		FTE's	Who	New?	
Strategy I-3-A. Prioritize health issues, determine CCHD's role in addressing them, and plan and implement targeted interventions based on best practices.						Senior Management		
Establish a resource or position to research and assist all CCHD programs in applying best practices for effective intervention	FY2008	Q1	See Strategy I-1-B	Planning Specialist	Yes			
2. Review available health status information related to Coconino County and its various communities on an annual basis	u	Q1	.25	ee	Yes			
3. Establish a system for annually prioritizing health issues within Coconino County	"	Q2	25	и				

					1	 
4. Annually review County, State and National priorities in	FY2008	Q2	.25	ű		
public health as they may apply to the role of CCHD	FY2012		.23			
5. Identify annual top priorities for improved health status in	FY2008	Q2	.25	"		
Coconino County	FY2012		.25			
6. Establish goals, measurable outcomes or impacts, and				u		
strategies based on best practices for annual priority initiatives						
a. Apply nationally established best practices regarding	FY2008	Q3				
public health and social justice throughout all CCHD			.25	ű		
programs						
7. Identify and engage selected public health system partners	FY2008-			Senior and		
in planning and implementing interventions	FY2012	ongoing		Program	No	
				Mgrs.		
8. Seek funding to address priority health issues through	FY2010	angaing	.25	Grant Writing	Yes	
coordinated and collaborative grant writing		ongoing	.25	Specialist	res	
9. Implement and expand issue-targeted as well as holistic						
programs to address various and combined community and						
individual health issues						
a. Implement Nurse Family Partnership Program, assigning	FY2010		5	Public Health	Yes	
public health nurses to Coconino County communities			3	Nurses	162	
STRATEGY I-3-B. Provide input and feedback for the						
national development of a Local Health Department				Director		
accreditation system.						
Send a CCHD staff representative to annual NACCHO	FY2008-			Senior		
Exploring Accreditation Project meetings and presentations	FY2012			Managers		
2. Determine the feasibility and practical timeframe for CCHD	FY2010			Planning	Yes	
to meet accreditation requirements				Specialist	165	
3. If accreditation is feasible, develop a plan, including a	FY2011			Planning		
timeline of steps and responsibilities for applying for				Specialist	Yes	
accreditation				opecialist		
4. If appropriate, seek RWJ or other grant funds to support	FY2011		.1	Grant Writing	Yes	
enhancements required for accreditation	<u> </u>			Specialist	162	
5. If feasible, apply for accreditation	FY2012		.1	"		

PROCESS OBJECTIVE I- 4: Continue to provide, expand and enhance mandated and traditionally provided services that address the CCHD Mission, and the Quality Service Planning and Provision Goal. Mandated and Delegated County Health Department services include: ALTCS & AHCCS Health Officer Childhood Immunizations Board of Health • Title 36 Commitments Communicable Disease Birth & Death Certificates Burials Tuberculosis Control Medical Examiner Animal Management Public Health Nuisance Environmental Quality Environmental Health **Guardianship Investigations** • Smoke Free Arizona Enforcement and Education **CCHD** programs and services referenced in State Statute include: • Community Nutrition Program Oral Health care & education Public Health Nursing Maternal & Child Health Health Education Home Health Health Start State & Federal Contract or Grant funded programs • Emergency Preparedness • Reproductive Health Services WIC (Women, Infants and Children) **Existina**  Healthy Families Child Abuse HIV Outreach, Counseling & • Az Early Intervention/Traumatic Brain Ongoing **Prevention Program** Testina Injury Program Activities Injury Prevention Heartbeat Program Tobacco Use Prevention Neonatal Intensive Care Prog. • HIV Prevention Planning HIV Case Management Arizona Nutrition Network Supplemental Food Assistance Departmental infrastructure and program-enhancing services and expenses: Administrative functions (Accounting, Business mgt., Grant mgt., Budgeting, Reporting, Operations, Contracts) Facilities (Office space, Public Services space, Storage) • Management, Staff Orientation & Training, Appreciation/recognition, Policy Development, Communication Public Relations initiatives and collateral materials Strategic Planning • Board of Supervisors and County Management communication and committee participation Communication and collaboration with community organizations Business Process Analysis

NEW OR EXPANDED INITIATIVES							
	Time Frame		FTE's	Who	New?		
STRATEGY I-4-A. Review the overall CCHD programs for appropriateness in the context of the County Strategic Plan, County, national guidelines, changing local trends, efficacy, etc.							
1. NACCHO Operational Definition of a Functional Local Health Department	FY2008	Q2		Senior Management			
<ul><li>2. Local Trends</li><li>3 Program effectiveness and efficacy</li></ul>		Q3 Q4		ш			
STRATEGY I-4-B. Improve and expand programs and services to meet increased demands and to address prevailing health issues reported nationwide and/or statewide.		<b>5</b> ·				_	
Expand capacity to meet increasing communicable disease demands, including sexually transmitted diseases.	FY2008 FY2009		1	Communicable Disease Investigators (RN)	Yes (2)		
2. Expand capacity to meet increasing demand for immunization due to both decreasing availability in private sector and increasing number of vaccinations required	FY2008 FY2009		1	RN RN	Yes (2)		
3. Define CCHD's role in the public health system regarding diabetes prevention and care	FY2008			Senior Management			
4. Expand capacity to prevent motor vehicle injuries by increasing the number of child safety seats and educational classes, and implementing injury prevention program targeting "tweens" (8 to 12 year olds) and teens	FY2007			Health Educators in Flagstaff & Page			
5. Begin Classification of current HIV prevention planning into categories by level of intervention (individual, community, agency, provider, group, system), for 1) database development of prevention planning strategies, 2) as precursor to development of assessment tool, and 3) for gap analysis	FY2008			Senior Management			

6. Establish cross-service unit planning teams within CCHD to apply multi-level interventions to reduce complex, inter-related health issues such as:	FY2008- FY2012					
Oral health care						
Obesity				Senior		
Reproductive health				Management		
Communicable disease						
Maternal and child health						
Children's services						
7. Assign CCHD staff to play active roles in cross-discipline community collaborations to address issues such as:	FY2008					
Access to primary health care				Senior		
Access to behavioral health care				Management		
Violence (domestic, gang, etc.)						
Substance abuse						
8. Provide leadership in establishing and supporting community-based Health Equity Task Forces	FY2008			Senior Management		
9. Implement CDC's recommendation that all populations (not just those at risk) receive HIV testing.	FY2009		1.0	Health Educator	Yes	
STRATEGY I-4-C. Review and revise the CCHD Strategic				Planning		
Plan on an annual basis.				Specialist		
1. Create a system for reporting and tracking accomplishment of	FY2009	Q1				
action items in reference to adopted and revised timelines						
2. Create annual progress reports on Strategic Plan	FY2010	Q2				
accomplishments	FY2011	Q2				
	FY2012	Q2				

#### STRATEGIC ISSUE II: SERVICES IN COMMUNITIES OUTSIDE OF FLAGSTAFF

STRATEGIC DIRECTIONS: CCHD's programs and services will...

- serve all regions of the county with equity
- actively collaborate with tribal, adjacent and state-wide constituencies
- be consistently informed by both our communities' and citizens' demonstrated needs
- be driven by demonstrated local needs
- be based on clearly defined responsibilities and intentions in all areas of the county
- take an appropriate lead when public health emergencies occur

#### GOAL. To provide Health Department services equitably throughout all areas of Coconino County

#### **OUTCOME OBJECTIVES:**

- 1. By 2012, all CCHD service delivery reports for all regions of Coconino will indicate equitable delivery of services, based on regional service delivery goals.
- 2. By 2012, the majority of random samples of County residents in regions affected by jurisdictional confusion and barriers will report improved access to public health services.
- 3. By 2012, a community-specific general emergency response plan will be in place, tested and practiced, for each of five targeted rural communities

### **PROCESS OBJECTIVE II-1.** Build alliances between CCHD and the citizens and organizations in targeted communities outside of Flagstaff

### Existing Ongoing

Activities

- Multiple CCHD programs are residentially staffed in Page, Fredonia and Williams
- Staff participation in Page Roundtable
- Staff participation in Coconino Coalition for Children and Youth
- Working with Lake Powell Medical Center (northern region) to bring Community Health Nursing Training to Page
- Clinical Services provided in direct collaboration with Williams Schools
- Board of Health (2007) includes representatives of rural communities (Blue Ridge, Grand Canyon, Page)
- CCHD Volunteer Coordinator (for Emergency Preparedness) is participating in a collaborative effort to establish Volunteer Organizations Active in Disasters (VOAD) chapters throughout the county
- Emergency preparedness exercises are routinely conducted in Page.

NEW OR EXPANDED INITIATIVES										
	Time Line		FTE's	FTE's	FTE's	FTE's	FTE's	Who	New?	
STRATEGY II-1-A. CCHD will increase promotion of available										
services to the members of targeted communities.										
Train regional program staff to conduct promotional activities	FY2008	Q4	.1	Public Relations Manager						
2. Provide financial resources and time for comprehensive promotional activities	FY2008- FY2012			Director						
3. Provide education regarding CCHD resources to community leaders and health system partners	FY2008- FY2012		.2	No. Region Manager/ BOH Members						
STRATEGY II-1-B. CCHD will establish individual liaisons between the Health Department and the community in targeted communities.				Board of Health Members						
1. Introduce liaison and recruitment role and provide training to BOH	FY2008	Q2		Director						
2. Identify committed, formal and informal community leaders for each community for disseminating and exchanging information	FY2008	Q3		вон						
3. Identify opportunities for regular communication and involvement with community liaisons.		Q3		вон						
4. Train staff on the importance and value of alliance building		ongo- ing		Director						

**PROCESS OBJECTIVE II-2.** Reduce jurisdiction (tribal, adjacent and state-wide constituencies) confusion, and remove related barriers to equitable services for Coconino County, including tribal, adjacent and state-wide constituencies

## Existing Ongoing Activities

- Participate in quarterly regional (inter-county and tribes) Public Health Emergency meetings and exercises
- Participate in cross-county(Coconino/Yavapai/Mohave) and cross-state (Arizona/Utah) service agreements for WIC services
- Participate in collaborative HIV prevention planning among six counties
- Engage in inter-jurisdictional memoranda of understanding for emergency response

- Working through Arizona Local Health Officers Association to restructure State funding
- Participate in syphilis screening in I.H.S services areas (Tuba City and Winslow)
- Medical Examiner provides contract services for Navajo County, and the Navajo and Hopi Nations, respectively

#### **NEW OR EXPANDED INITIATIVES**

	Time Line		Time Line		FTE's	Who	New?	
STRATEGY II-2-A. Clarify public health responsibilities for all jurisdictional entities that provide services to Coconino County residents and adjacent regions.								
Take a leadership role in creating an inter-jurisdictional task force to identify and address jurisdictional confusion and related barriers to access to public health services	FY2010	Q1- 4		Planning Specialist				
2. Develop a comprehensive reference identifying jurisdictional responsibility for provision and access to public health system services, including a matrix that identifies and clarifies services, emergency responders, jurisdictional responsibilities, etc.	FY2011	Q1- 4		и				
STRATEGY II-2-B. Develop partnerships with jurisdictions								
adjacent to or overlapping Coconino County.  1. Develop formal agreements with other jurisdictions and community partners for collaborative delivery of services	FY2012	Q1- 4		Planning Specialist				
<ol><li>Begin to create and strengthen partnerships for collaborative services delivery through collaborative resource development</li></ol>	FY2012	Q1- 4						

### **PROCESS OBJECTIVE II-3.** Expand services delivery to reach under-served communities and residents outside of the Flagstaff area

### Existing Ongoing Activities

- Expansion of staff and services in outlying areas in last three years: Increased Forensic Investigation capacity, Injury Prevention, Nutrition Education, Tobacco Education, Healthy Families Child Abuse Prevention, Environmental Quality; Environmental Health; Animal Management
- Introduced Teen Clinics to Williams
- High risk dietetic assessment and counseling via video-conferencing
- Provide annual flu immunization clinics in multiple locations through the County
- Population/region-specific emergency planning is underway

- Online Food Handler Certification class and online Back Country Guide class
- Introduced birth certificate access within Coconino County

	Time Li	ne	FTE's	Who	New?	
STRATEGY II-3-A. Expand CCHD staff, programs and						
facilities in rural Coconino County communities.						
1. Assess service needs for each rural community, based on	FY2009			Planning		
community health profiles and other relevant information	-FY2012			Specialist		
2. Establish quantified CCHD service delivery goals for all	FY2009			Program		
programs specific to each targeted rural population cluster	-FY2012			Managers		
3. Establish a staff presence in each rural community				PR Mgr + No Region Mgr		
a. Identify and train a CCHD employee to act as "Go To	FY2009	Q1,2	.2			
Person" for each community		-				
b. Establish a staff "circuit-rider" Service Facilitator to provide	FY2011		1	Traveling	Yes	
information, referral, assessment of need and assist individuals in				Service		
accessing services				Facilitator		
c. If demand warrants, establish a staff Outreach	FY2012		5	Rural Outreach	Yes	
Worker/Service Facilitator position in each targeted rural				Workers		
population area to expand the Service Facilitator role						
STRATEGY II-3-B. Actively engage in initiatives to provide						
public health services through innovative service delivery						
models.		1				
1. Develop service delivery strategies with innovative models,	FY2008			Senior &		
such as on-line education and training	-FY2012			Program Mgrs		
a. Develop on-line Food Manager class	FY2008			Env Hlth Mgr		
2. Implement and evaluate innovative models	FY2009			Program		
	-FY2012			Managers		
STRATEGY II-3-C. Provide services through mobile service						
delivery vehicles.						
Develop service delivery strategies based on mobile service	FY2010			Selected Sr.		
delivery				Managers		
2. Obtain mobile unit(s)	FY2011	Q1		Senior Mgrs		

3. Implement and evaluate mobile services programs		Q2- 4		Program Managers		
STRATEGY II-3-D. Redirect resources, as needed, to ensure equitable levels of service delivery in all communities, based on demonstrated needs.						
Identify and prioritize gaps in regional services based on Community Health Profiles and other information	FY2009 -FY2012			Senior Managers		
2. Develop plan for closing priority gaps	FY2009 -FY2012					
3. Assess benefits and costs of closing service delivery gaps	FY2009 -FY2012					
4. Reallocate flexible funds to address high priority gaps	FY2009 -FY2012					
5. Consider contracting for services in outlying areas (such as Animal Management, Nursing, etc.)	FY2011			Contractors		
STRATEGY II-3-E. Expand reproductive health and pregnancy prevention services in high risk (teen pregnancy) communities of Page and Williams.						
Establish 3 new nursing positions to be based in Page and Williams	FY2008		1 1 1	Nurse Practitioner Registered Nurse Cert. Nursing Asst.	Yes (3)	

PROCESS of Flagstaff		SJECTIVE II-4. Expand Public Health Emergency Response capacity in each community outside
Existing Ongoing Activities	•	CCHD Public Health Emergency Preparedness plan was recognized nationally in 2007 as well-developed CCHD Public Health Emergency Preparedness program includes direct, active collaboration with Coconino County Emergency Manager
Activities	•	Mass vaccination exercises have been conducted in Page
	•	PHEP program is currently fully staffed, including a Preparedness Plan Specialist

NEW OR EXPANDED INITIATIVES					
	Time Line	FTE's	Who	New?	
STRATEGY II-4-A. Develop a public health disaster plan for each identified community outside of Flagstaff.					
1. In collaboration with the County Emergency Manager, meet with appropriate community leaders to determine planning gaps and planning partners	FY2008		PHEP Staff		
2. Share current County-wide plans with planning partners to determine value for local planning	FY2009		"		
3. Take a leadership role in developing local plans for each identified community	FY2010		"		
STRATEGY II-4-B. Develop a registry of emergency response volunteers outside of Flagstaff.			PHEP Staff		
1. Solicit volunteers via email, mail, phone contact and personal visits.	FY2008 - FY2010		"		
2. Develop a core of medical volunteers in each community in collaboration with County Emergency Services and Sheriff's Department	FY2009		"		
Provide the means for advance credentialing of medical volunteers	FY2009		"		
STRATEGY II-4-C. Develop and implement a training program for emergency response volunteers in communities outside of Flagstaff.			PHEP Staff		
Develop or adapt a training program appropriate for each identified community	FY2009		"		
2. Determine methods of training that will be accessible to all county residents, e.g. on-line, manual based, classroom, etc.	FY2009		"		

#### STRATEGIC ISSUE III: CCHD WORKFORCE NEEDS

#### STRATEGIC DIRECTIONS:

- CCHD will attract and retain highly qualified and high performing staff
- CCHD will celebrate and recognize employees for their contributions
- CCHD will ensure that staff understand their work in the context of the public health profession
- CCHD's staff will have direct influence on the quality of services and organizational planning
- CCHD will be a great place to work

#### GOAL. To maintain a productive, professional, and satisfying work climate that generates consistently high quality CCHD services and programs

#### **OUTCOME OBJECTIVES:**

- 1. By 2012, 80% of CCHD employees will report a high level of satisfaction in all aspects of their job.
- 2. By 2012, the annual turnover rate for CCHD staff will have been less than 15% for three successive years (compared to 14% during FY05 and .25.6% during FY06)
- 3. By 2012, the annual average number of applicants who meet the minimum qualifications for open HD positions will be at least 10 (compared to FY06 average of 4.5).
- 4. By 2012, the annual average length of time between opening a position and hiring will be no greater than 35 days (compared to FY06 average of 70 days).
- 5. By 2012, at least 90% of applicants who are offered management-level positions will accept the position.

	<b>OBJECTIVE III-1.</b> Maintain a repository of infossues to achieve goal and objectives	ormation for ass	sessing	and prioritizing	ig CCF	<del>1</del> D	
Existing	Staff training data base						
Ongoing	Training Coordinator position						
Activities	<ul> <li>A data base (HED-count) exists for maintaining He contact information, etc.</li> </ul>	ealth Department	staff info	rmation such as	annive	rsary d	ates,
<b>NEW OR EXP</b>	ANDED INITIATIVES						
		Time Line	FTE's	Who	New?		
resource dat	II-1-A. Create a multi-layered CCHD human a base, including position history, staff training, rvey data, etc.						

Identify staff resource	FY2008	Q2	.25	Data Management Specialist	Yes	
Identify data management system		Q3		"		
3. Update monthly and disseminate a report for human resource management to management staff quarterly	FY2008 - FY2012			ű		
STRATEGY III-1-B. Conduct employee surveys of staff satisfaction, training needs, retention issues, etc. at least once a year.						
Identify survey methodology, schedule & topics	FY2008	Q1,2		Training Coordinator		
2. Conduct surveys, record data, analyze results, and report out	FY2008- FY2012			u		
3. Develop and/or access training to meet identified staff needs	"			"		
4. Evaluate options for improving work environment to improve employee satisfaction	"			и		

<b>PROCESS</b>	PROCESS OBJECTIVE III-2. Systematically and spontaneously recognize staff accomplishments								
Cylotina	National Public Service Recognition Day participa	tion							
Existing Ongoing	Staff anniversary and birthday recognition activity								
Activities	La Di monthir L'ionartmant Ctatt Maatinga include individual achievement recognition component								
Activities	Actively seek and receive national award recognition for specific programs								
	<ul> <li>Peer "Thank You" program currently under development, based on staff-identified values</li> </ul>								
				FTE's	Who	New?			
STRATEGY	III-2-A. Establish an ongoing staff recognition				Senior				
program.					Management				
Review past and existing staff recognition activities for continuation value			Q3		"				
2. Develop ar evaluation an	n ongoing recognition program which includes annual and revisions	66	Q3		"				

<b>PROCESS</b>	OBJECTIVE III-3. Directly involve staff in prog	gram and o	organi	zation	al planning			
Existing	Supervisors Group (Program Coordinators/Mana	gers/Superv	visors) ı	meets o	quarterly			
Ongoing	Senior Management Team meets bi-weekly							
Activities	Five Strategic Planning Works groups 2006							
	Service Unit and Program staff meetings and pla	nning retrea	ts					
Bi-monthly departmental staff meeting activities are based on staff-directed objectives and facilitated by staff								
NEW OR EXPANDED INITIATIVES								
		Time Line FTE's Who New?						
	II-3-A. Establish a sustainable departmental							
model for sta	aff involvement in program and organizational							
planning.								
	st and existing processes of staff involvement and	FY2008	Q2		Supervisors			
collect staff in	put on the roles they value				Group			
2. Develop a	n ongoing system for involvement of staff	"	Q3		"			
3. Review ar	d revise system, annually or as indicated	FY2008-			u			
		FY2012						

PROCESS retention	OBJECTIVE III-4. Reduce commonly known barriers to successful recruitment and satisfactory
	County System Pay Plan (FY 2005-2007) currently undergoing progressive revision
	Recent introduction of creative offer terms on a limited basis
	Support of parallel job shifts when desired
Cylotina	Flexible schedules accommodated when requested
Existing Ongoing	CCHD progressive employee breastfeeding policy
Activities	Recent introduction of paid travel for interviews for selected positions
Activities	Support of tele-commuting for selected positions
	Increased trained temporary staff to support leave for highly specialized positions
	Provide paid job-specific training and certification testing
	CCHD staff participation in County System Compensation Committee (currently inactive)
	Staff training is geared toward required performance standards as well as staff-indicated needs

NEW OR EXPANDED INITIATIVES							
	Time Line		FTE's	Who	New?	Pers\$	Prog\$
STRATEGY III-4-A. Engage in initiatives to enhance staff access to affordable child care.							
Establish a voluntary staff task force to address child care issues	FY2008	Q3		Senior Management			
2. Provide leadership for establishing community coalitions, involving County employees and other organizations, to develop affordable child care options in each community where CCHD employees reside	FY2008 - FY2012			Voluntary Staff Work Group			
STRATEGY III-4-B. Engage in initiatives to support local government and community efforts to increase access to affordable housing.	Defer to County Manager's Initiative						
Conduct a study and disseminate results regarding housing needs of CCHD employees							
STRATEGY III-4-C. Support improvements in employee compensation and benefits.	Defer to County Manager's Initiative						
1. Conduct a survey of CCHD staff regarding the impact of compensation and benefits on their job satisfaction and retention potential, and their benefit choices and preferences.							
STRATEGY III-4-D. Implement initiatives that have been identified as key incentives for recruitment and retention.							
Restructure staffing to provide sufficient and appropriate temporary staffing to support staff leave and vacancies	FY2009	Q3		Program Managers			

**PROCESS OBJECTIVE III-5.** Continuously maintain a professional, experienced staff who are prepared to meet the highest public health performance standards

# Existing Ongoing Activities

- Arrange flexible work schedules to accommodate external continuing education
- Selected mentoring relationships
- Support staff participation in professional and job-related conferences when program budget allows
- Training required and provided regularly on emergency response basics
- Quarterly new employee orientation includes education on core public health concepts and services
- Established part-time Training Coordinator position conducts needs assessments and maintains training records for each employee

	Time Lir	ne FTE's		Who	New?	
STRATEGY III-5-A. Engage in initiatives to attract more highly						
qualified applicants for open positions.						
Identify a staff member to serve as the CCHD recruitment	FY2008	Q1		Director		
specialist						
2. Establish a Staff Work Group to generate information and ideas	"			"		
for improved recruitment outcomes						
Work with Human Resources Department to create a	"	Q2	.2	CCHD	No	
recruitment package with important relocation information specific				Recruitment		
to local communities, which can be supplemented with information				Specialist		
about the benefits of working in the CCHD						
4. Increase and enhance CCHD internship opportunities and	FY2008 -					
promote them through local and nationwide colleges and	FY2012			"		
universities						
5. Collaborate with NAU, CCC and high school career counseling	FY2008 -					
departments and programs to increase knowledge of public health	FY2012			"		
career opportunities						
6. Develop a program for intradepartmental staff exchange and	FY2009			"		
temporary reassignment opportunities						

STRATEGY III-5-B. Provide increased opportunities for						
employee growth and development.						
Conduct an employee training interests and needs survey at	FY2008 -			Training		
least every year	FY2012			Coordinator		
Provide ongoing training opportunities, both remote and	FY2008 -			"		
internal, addressing interests and needs	FY2012			"		
a. Provide in-service Spanish language training at varying competency levels	FY2008	Q3		u		
Provide mandatory training for all employees designed to	FY2009 -					
increase competencies in nationally established public health	FY2012			ű		
performance standards						
4. Actively provide input to County Employee Growth and	FY2008-			CCHD EGAD		
Development program, to address training needs shared by	FY2012			Liaisons		
various departments, such as language and cultural competency				LidiSUIIS		
5. Create and fill a full time Training Specialist Position	FY2011	Q1		Training Specialist	Yes	
6. Create and implement an in-service education program to train	"	Q2-4		- Specialist		
all CCHD staff in core public health competencies and those				"		
related to their jobs.				'		
a. Include public health performance standards in annual staff performance evaluations			ű			
7. Implement an ongoing staff training program to provide in-	FY2009			"		
service training to address existing and emerging training needs						
STRATEGY III-5-C. Develop a system for job growth position						
succession planning.						
Identify a staff member to serve as the CCHD Succession	FY2009	Q1		Admin. Senior		
Planning specialist				Manager		
2. Establish a Succession Planning staff work group to develop	"			"		
ideas and support implementation						
3. Research initiatives applied in other organizations and plans for	"	Q2	.1	Succession		
County-wide programs				Planning Spec		
4. Devise a system for anticipating position openings, cultivating staff for advancement, cross training and other best practices	"	Q2		и		

#### STRATEGIC ISSUE IV: CCHD FUNDING NEEDS

#### STRATEGIC DIRECTIONS: CCHD will...

- adopt a sound financial plan that allows us to accomplish our Strategic Plan, as well as unforeseen changes and demands
- adopt a financial plan that supports program planning based primarily on demonstrated local needs and CCHD vision
- secure sufficient local unrestricted funds to fully realize CCHD's vision, without diversion by dependence on restricted grant opportunities
- obtain increased State and Federal and private funds that support demonstrated local needs and vision

#### GOAL: To ensure sufficient financial resources to accomplish all components of CCHD's five-year Strategic Plan as well as projected activities for the following five years

#### **OUTCOME OBJECTIVES:**

- 1. By 2012, CCHD will receive local funding designated for public health services.
- 2. For each fiscal year 2007-2012, CCHD will secure sufficient funds to accomplish implementation of at least 80% of the scheduled Outcome and Process Objectives of the CCHD Strategic Plan.
- 3. For each fiscal year 2007-2012, CCHD will revenue increases to cover inflation, increased demands for services from population growth, and expansion and enhancement of services.

#### PROCESS OBJECTIVE IV-1. Develop a long term CCHD financial plan

Existing
<b>Ongoing</b>
<b>Activities</b>

- Annual budget proposal process
- Monthly Expense/Revenue Analysis

	Time L	_ine	FTE's	Who	New?	
STRATEGY IV-1-A. Create a financial plan that identifies future revenue and expenditure needs for 2008 through 2017.				Admin Senior		
Tatale revenue and expenditure needs for 2000 tillough 2017.				Manager		
1. Assess the financial requirements for implementing the various components of the CCHD Strategic Plan	FY2008	Q1		и		
2. Collect historic revenue and expense information on all CCHD programs for budget projection purposes	"	Q2		и		

3. Work with program managers to forecast future funding needs for each ongoing program based on historic information and	u	Q3	ш		
known and/or anticipated future trends					
4. Project revenue and expenditure needs for ten years, including	"	Q4	"		
inflation County growth projections, changing conditions, etc.					
5. Project immediate and long-term demands for facilities and	FY2008	Q1	"		
storage based on staff and program growth					

#### PROCESS OBJECTIVE IV-2. Research and develop additional funding sources

#### **Existing** Ongoing **Activities**

- County system supported efforts to provide access to grant information (eCivis)
- Bi-annual review of fee structure by outside consultant (county system)
- Federal and State funding announcements in various publications are routinely scanned by department and program leadership

	Time Line		FTE's	Who	New?	
STRATEGY IV-2-A. Create a targeted initiative to expand government and private grant funding.						
Assess the real potential and limitations for long term government and private grant funding of ongoing CCHD programs and Strategic Plan initiatives	FY2009					
Establish a Grant Funds Development resource or position to assist all CCHD programs with identifying grant and contract sources, and preparing funding proposals/applications	FY2010	Q1	1	Grant Writing Specialist	Yes	
3. Publish a CCHD annual report to illustrate the breadth and value of the department's programs and services and financial needs.	FY2009 - FY2012	Q2	.25	Planning Specialist PR Mgr		

**PROCESS OBJECTIVE IV-3.** Determine the appropriateness and feasibility of a county-wide Health District Taxing Authority (HDTA) to support CCHD's future financial needs and strategic vision

# Existing Ongoing and Completed Activities

- Preliminary presentation to the Board of Health and the Board of Supervisors 2006
- CCHD Strategic Plan to be presented to the Board of Health and the Board of Supervisors March/April 2007
- Flagstaff Area Omnibus Survey questions about perceptions of CCHD Spring 2007
- County-wide County services satisfaction survey to be conducted Spring 2007
- Branding and marketing initiative for CCHD underway since 2003
- County Finance Department developing a 10-year financial plan Spring 2007

	Time I	Line	FTE's	Who	New?	
STRATEGY IV-3-A. Participate with County Management Staff and consultants in assessing the need, potential revenue, and approval potential for a Coconino County HDTA						
<ol> <li>Collect financial and service demand trends data to examine costs and potential benefits of utilizing a HDTA</li> </ol>	FY2008	Q1	.25	Admin. Senior Manager		
2. Present preliminary financial findings to County leadership to determine appropriate next steps	66	Q1		ш		
3. Conduct a county-wide public survey to gauge community support for a HDTA	66	Q1		With County Mgt		
4. Evaluate survey results, financial findings and current political climate to determine whether to pursue a HDTA	66	Q1		With County Mgt		
5. If a demonstrated need exists, present a HDTA recommendation to the Board of Health and Board of Supervisors	66	Q1		Director		
6. If Supervisor's opt for public election, conduct a public education campaign	FY2008 FY2009	Q2-4 Q1		Designee + PR Mgr + County Mgt	_	

**PROCESS OBJECTIVE IV-4.** Create a continuing proactive public health legislative (State and Federal) agenda designed to retain existing funding and identify new government funding sources to meet current and projected needs

# Existing Ongoing Activities

- Participating membership Arizona Public Health Association (AzPHA) and National Association of County and City Health Officers (NACCHO)
- Leadership role in Arizona Local Health Officers Association (ALHOA), leading to more influence in Arizona Department of Health Services contracting policies and mechanisms
- County Management involvement with state County Supervisors Associations

NEW OR EXPANDED INITIATIVES						
	Time	Line	FTE's	Who	New?	
STRATEGY IV-4- A. Create a mechanism for involving CCHD managers in assessing legislative issues and providing input to lobbying bodies, such as AZPHA, CSA, NACCHO, and APHA.						
Train CCHD managers in the legislative process and the influence the Department can have on legislative action that impacts Health Department funding	FY2008	Q2		County Assistant Manager for Legislative Affairs		
2. Establish a process for identifying and addressing legislative issues, and engaging the Board of Health in public and congressional education regarding public health and CCHD funding needs	66	Q3		Sr. Mgt Team		
3. Provide a mechanism for ongoing CCHD evaluation and assessment of the legislative agenda	"	Q4		County Mgt & Sr. Mgt Team		
4. Conduct an assessment of current government grants (i.e. emerging issues, past legislative support, current political climate and measurable results)	FY2010	Q2		Grant Writing Specialist		

#### STRATEGIC ISSUE V: COMMUNICATION AND COLLABORATION WITHIN THE PUBLIC HEALTH SYSTEM

#### STRATEGIC DIRECTIONS. CCHD will

- identify and respond to leadership needs in collaborative initiatives addressing ongoing and emerging issues
- actively support increased collaboration and structure within our county's multi-agency public health system
- increase our visibility as a leader in enhancing health and quality of life for all
- take an appropriate lead when public health emergencies occur

#### GOAL. To improve the delivery of all essential public health services throughout Coconino County

#### **OUTCOME OBJECTIVES:**

- 1. By 2012, assessments of the public health system in the Northern Region of Coconino County will reflect at least 50% improvement over the average of the 2005 assessment composite scores (37.7) for the Ten Public Health Essential Services, as measured by the National Public Health Performance Standards.
- 2. By 2012, an assessment of the public health system in the Southern Region of Coconino County will reflect at least 50% improvement over the average of the 2005 assessment composite scores (53.5) for the Ten Public Health Essential Services, as measured by the National Public Health Performance Standards.

**PROCESS OBJECTIVE V-1**. Engage public health system partners in collaborative planning and implementation of the essential public health services

#### Lead agency for the following partnerships that collaboratively plan and implement PH services:

- Home Health Advisory Board
- Reproductive Health Advisory Board
- Immunization Coalition
- Maternal and Child Health Advisory Board
- Northern AZ HIV/AIDS Forum
- Pandemic Influenza Coordinating Council
- SAFE KIDS Coconino County in collaboration with FMC Trauma Center, Flagstaff Biking Organization, Flagstaffarea Fire Departments

#### Leading Partner for the following partnerships that collaboratively plan and implement PH services

- Northern Arizona Oral Health Coalition (with United Way of Northern Arizona and NAU Dental Hygiene)
- Northern Arizona Public Employees Benefit Trust Wellness Committee (City of Flagstaff, Coconino County, FUSD, CCC, NARBHA, BC/BS)

#### Staff participation in the following partnerships that collaboratively plan and implement PH services:

- United Way Board
- Alliance for Children's Early Success membership
- Coconino Coalition for Children and Youth

#### **CCHD** programs and services based on active collaboration with Public Health System Partners:

- Community Intake Triage Unit in collaboration with The Guidance Center (for substance abuse intervention)
- HIV Case Management and support services in collaboration with North Country Community Health Center and Northland Cares
- Medical Services and Maternal Pre-conception/Inter-conception Project in collaboration with North Country Community Health Center
- Child Birth Classes, Daddy Boot Camp, Healthy Families Program, Infectious Disease Surveillance Program in collaboration with Flagstaff Medical Center
- Pandemic Flu Preparation Exercises in collaboration with Flagstaff Medical Center, Page Banner Hospital, and Tuba City Regional Health Care Corporation
- Title 36 Commitment for serious mental illness is accomplished in collaboration with The Guidance Center

	Time Line		FTE's	Who	New	
STRATEGY V-1-A. CCHD will establish Public Health System Leadership Teams in the Northern and Southern Regions of the County consisting each of 10-12 key partner organizations to accomplish collaboration.			1@ .10 each	2 regional PH System Leadership Team Coordinators	No	
Identify Lead CCHD Staff for two Teams	FY2008	Q3				
2. Identify and prioritize 10-12 Key Partners for two Teams	66	Q3		ii.		
3. Hold exploratory meetings to establish level of commitment to the concept of a collaborative Public Health System	"	Q4		и		
IF AT LEAST 6 REGIONAL ORGANIZATIONS COMMIT TO PARTICIPATING IN IMPROVING THE PH SYSTEM:  4. Create a charter for the team: purpose, membership, leadership, functional logistics	u	Q4		и		

a. Review 2005 PH System Assessments (validity of findings, changes since then, etc)	FY2009	Q1	и		
b. Create a vision for an effective collaborative public health system for each region		Q1	и		
c. Identify strengths and weakness in system (gaps in services, communication, collaboration, etc.)		Q2	и		
d. Identify and implement strategies to support strengths and address gaps on an ongoing basis	FY2009 - 2012		и		
5. Increase participation to include all high priority Key Partner Organizations, if necessary	FY2010	Q1	u		
a. Identify the missing partners	"	Q1	íí		
b. Identify and implement strategies to motivate expanded participation	"	Q2	u		
IF COMMITMENT IS NOT EVIDENT IN ONE OR BOTH REGIONS:  4. Review and revise this strategy and/or further develop Strategy #5	FY2009	Q1	и		
STRATEGY V-1-B: CCHD will promote the application of best practices to all public health services throughout Coconino County.					
Provide a forum for discussing best practices in public health delivery			Regional PH System Coordinators		
a. Sponsor an annual public health system partners conference	FY2009- FY2012	Q2	u		
b. Introduce nationally established best practices regarding public health and social justice to partners in the broader Coconino County public health system.	FY2009		и		

PROCESS OBJECTIVE V-2. Develop and implement initiatives to improve the performance of the essential public health services for which the Health Department has primary responsibility.

**Existing** Initiative • 2005 County-wide Public Health System Assessment indicated perceived responsibility of CCHD for each essential service

	Time	Line	FTE's	Staff	New	
STRATEGY V-2-A. CCHD's Management Team will utilize the results of the October 2005 Public Health System Assessment to determine priorities for continuation and improvement of delivery of relevant public health services.			.9	.1 FTE of each of 9 Sr. Managers	No	
Identify the essential services for which the Health     Department has primary responsibility	FY2008	Q3		и		
2. Identify the services where the performance level meets expectations		Q4		u		
a. Assess the prospects for continuation of performance at an acceptable level		Q4		íí		
<ul> <li>b. Develop and implement strategies for ensuring continuation of performance at an acceptable level</li> </ul>		Q4 + ongoing		u		
3. Identify the services where the performance level needs improvement in the Northern and Southern regions of the County		Q4		íí		
a. Prioritize those services in terms of importance, potential improvement, resources, CCHD vision, etc.	FY2009	Q1		Multiple staff planning meetings	No	
b. Develop and implement strategies for improving the performance to the targeted levels applying quality improvement initiatives developed to address STRATEGIC ISSUE: QUALITY SERVICE PLANNING AND PROVISION		Q1 + ongoing		Planning & implementation by multiple staff	No	